

tient gained very considerably in weight. Whilst of course attributing this improvement largely to the treatment, M. Costella believed that the erysipelas hastened the recovery materially. Its remarkable effect upon chronic ulceration due to inherited syphilis has been observed frequently, in fact we knew of one case which was sent into an erysipelas ward in order to be inoculated, and in whom the experiment was very successful.

M. Molnar's case was one of acquired syphilis (in the secondary stage) in which the patient had an extensive ulcer over one parietal bone with necrosis. Whilst in the hospital for his syphilis he contracted erysipelas of the head, the attack leading to marked improvement of the ulceration, which ultimately cicatrized.—*Giornale Ital. dell. mal. venere etc.* July 1886; *Oestu medic. chirurg. Presse*, 1887, No. 9.

IV. The Pigmentary Syphilide. By M. BOCKART, (Berlin) and GOMALO. R (Paris). By this not too precise term is understood a secondary eruption, somewhat resembling tinea versicolor, met with especially on the back of the neck and on the neighboring parts. The color of the patches or stains varies from a brownish-black, (as in Bockart's case, to a yellowish-grey: they have been figured in the *Journal of Syphilis and Cutaneous Diseases*, and in the New Sydenham Society's Atlas of Skin Diseases. It is now admitted by authorities on the subject (Fournier, Hardy, Taylor, etc.) that the eruption is almost entirely confined to the female sex, that the pigmentation is extremely slow to disappear, and that specific treatment has little or no effect upon it. The rarity of the affection is indicated by the fact that the writers now referred to, have each been able to report only one case. M. Romalo holds that the pigmentary syphilide occurs chiefly in women of lymphatic temperament, with fine transparent skin, or in those much debilitated by their syphilis. Bockart's case was a girl, æt. 20 years, admitted for condyloma, mucous patches on the throat, glandular enlargement, etc. Dark brown stains were present on the neck, the trunk, and the limbs, varying in diameter from one to five centimetres. Antisyphilitic treatment produced rapid subsidence of the symptoms,

but did not affect the eruption which still persisted a year later, having now, however, assumed a yellow tint. A piece of the affected skin having been excised showed on section, thrombosis of the smaller vessels of the corium, their walls being thickened and surrounded by pigment. The cells of the rete Malpighii were also deeply pigmented, and this the author traces to the escaped coloring matter of the blood. This observation throws considerable light on the peculiar resistance of the syphilide to mercurial treatment.—*Thèse de Paris. Wochenschrift f. prakt. Dermatologie*, January 1887.

V. Syphilitic Affections of the Ear. By M. ALBERT ROBIN and M. G. JÉGU, (Paris). Both these writers confirm the statements of Mr. Hutchinson as to the prevalence of labyrinthine deafness amongst those affected with inherited syphilis, of its tendency to appear about the age of puberty, and of its extreme intractability to specific or other treatment.

Bipp has asserted, relying solely on the symmetry, that the lesion is central, (in the floor of the fourth ventricle). As in acquired syphilis deafness may result from inflammation of the middle ear secondary to pharyngeal ulcers and gummata, further in inherited syphilis painless otorrhœa may occur as a primary affection. The absence of pain is asserted to be a valuable sign in distinguishing this from the scrofulous form, etc.

The various other syphilitic lesions of the ear, such as gummata of the meatus, etc. are dealt with in M. Jégu's work, which is based on 58 cases.

Those who are interested in the subject of syphilitic affections of the kidney will find a valuable review of the subject by M. Barthilemy, in the *Bulletin Médical* for May 22 and 29, 1887.

The writer quotes the observations of all the chief English and Continental writers, but since no new material is added an abstract is hardly required.

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VI. Chronic Syphilitic Tumor of the Metatarso-phalangeal Region. By A. VERNEUIL (Paris). Valerie T., æt. 42 years, married 17 years. Four children, three died in infancy. Primary syph-